

FILE NO. 1106-17

NOTICE TO LEGISLATIVE AUTHORITY

WARD 15 - ZONE

OHIO DIVISION OF LIQUOR CONTROL  
6606 TUSSING ROAD, P.O. BOX 4005  
REYNOLDSBURG, OHIO 43068-9005  
(614)644-2360 FAX(614)644-3166

TO

2849577		TFOL	7310 LORAIN LLC	
PERMIT NUMBER		TYPE	7310 LORAIN AVE	
10	01	2015	CLEVELAND OH 44102	
ISSUE DATE				
08	29	2017		
FILING DATE				
C2 C2X		PERMIT CLASSES		
18	154	C	F19055	
TAX DISTRICT			RECEIPT NO.	

FROM 08/31/2017 SAFEKEEPING

5597519			MARWHA CORP	
PERMIT NUMBER		TYPE	DBA UNION SUPERMARKET	
10	01	2015	7527 UNION AV	
ISSUE DATE		CLEVELAND OHIO 44105		
08	29	2017		
FILING DATE				
C2 C2X		PERMIT CLASSES		
18	154			
TAX DISTRICT			RECEIPT NO.	



MAILED 08/31/2017

RESPONSES MUST BE POSTMARKED NO LATER THAN. 10/02/2017

IMPORTANT NOTICE

PLEASE COMPLETE AND RETURN THIS FORM TO THE DIVISION OF LIQUOR CONTROL  
WHETHER OR NOT THERE IS A REQUEST FOR A HEARING.

REFER TO THIS NUMBER IN ALL INQUIRIES C TFOL 2849577

(TRANSACTION & NUMBER)

(MUST MARK ONE OF THE FOLLOWING)

WE REQUEST A HEARING ON THE ADVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT  
THE HEARING BE HELD  IN OUR COUNTY SEAT.  IN COLUMBUS.

WE DO NOT REQUEST A HEARING.

DID YOU MARK A BOX? IF NOT, THIS WILL BE CONSIDERED A LATE RESPONSE.

PLEASE SIGN BELOW AND MARK THE APPROPRIATE BOX INDICATING YOUR TITLE:

(Signature)

(Title) -  Clerk of County Commissioner

(Date)

Clerk of City Council

Township Fiscal Officer

CLERK OF CLEVELAND CITY COUNCIL  
ATTENTION CLERK  
601 LAKESIDE AV RM 216  
CLEVELAND OHIO 44114

FOR OFFICE USE ONLY  
 NEW  TRANSFER  REN  
 PERMIT # 2849577

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL

6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005

Telephone: (614) 644-2360 - http://www.com.ohio.gov/liqr



LIMITED LIABILITY COMPANY DISCLOSURE FORM

(This form must accompany all applications of an LLC business entity)

SECTION A.

Name of Limited Liability Company <b>7310 LORAIN, LLC</b>	DBA Name <b>HANINI PETROLEUM</b>	
Permit Premises Address <b>7310 LORAIN AVE</b>	City, State <b>Cleveland, OH</b>	Zip Code <b>44102</b>
Township, if in Unincorporated Area	Tax Identification No. (TIN) [REDACTED]	
Email Address [REDACTED]		

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or greater membership or voting interest, and attach a copy of the Articles of Organization filed with the Ohio Secretary of State.

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement an enforcement action, or collect taxes.

SECTION B. List the top five (5) officers of the captioned business. If an office is NOT held, please indicate by writing NONE.

EACH OFFICER LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

NAME OF OFFICER	SOCIAL SECURITY NUMBER	BIRTHDATE
1) CEO		
2) President <b>MOHAMED AFIFI</b>	[REDACTED]	[REDACTED]
3) Vice-President		
4) Secretary		
5) Treasurer		

SECTION C. List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

			INTEREST
1) Name	<b>MOHAMED AFIFI</b>	Social Security No. (if individual)	<b>Check All That Apply</b>
Residence Address	<b>4643 MONTICELLO BLVD</b>	Tax Identification No. (if applicable)	<input checked="" type="checkbox"/> Managing Member
City and State	<b>Cleveland, OH</b>	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	<b>44143</b>	Birthdate	<input checked="" type="checkbox"/> Membership interest <b>100</b> %
2) Name		Social Security No. (if individual)	<b>Check All That Apply</b>
Residence Address		Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State		Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code		Birthdate	<input type="checkbox"/> Membership interest _____ %

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Cuyahoga COUNTY ss.

I, MOHAMED AFIFI being first duly sworn, according to law, deposes and says that he/she is (Title) Sole Member

of the 7310 LORAIN, LLC, a business duly authorized by law to do business in the State of Ohio, and that the statements made in the forgoing affidavit are true

(Signature) Mohamed Afifi (Print Name and Title) Mohamed Afifi Sole Member

Sworn to and subscribed in presence this 21 day of May 2015  
 Ali A. Mustafa, Attorney at Law  
 Resident Cuyahoga County  
 Notary Public, State of Ohio  
 (Notary Public) (Notary Expiration)





**Department  
of Commerce**

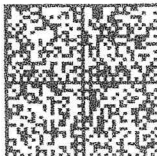
Division of Liquor Control  
6606 Tussing Road, P.O. Box 4005  
Reynoldsburg, Ohio 43068-9005

**CERTIFIED MAIL™**



9214 7969 0099 9790 1748 4023 78

2849577  
CLERK OF CLEVELAND CITY COUNCIL  
601 LAKESIDE AV RM 216  
CLEVELAND, OH 44114



U.S. POSTAGE PITNEY BOWES



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